

## **Business Process Analysis Workbook For Behavioral Health Providers**

***Prepared for:***

Substance Abuse and Mental Health  
Services Administration (SAMHSA)  
and the Center for Integrated Health Solutions (CIHS)

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# Introduction

*The Business Process Analysis document is a snapshot in time of how an organization conducts day-to-day activities. It is comprised of the discrete Workflow Diagrams (Part 2) paired with the corresponding Business Process Narrative (Part 3).*

*The finished product has enormous utility. It can be used to analyze activities for improved efficiency, effectiveness and quality of care, to validate agreement on how workflows should be conducted, for change management, PDSA, training, implementing the EHR, validating the configuration, conducting gap analysis, and for capturing the valuable analysis that naturally occurs when a workflow is first diagrammed. Part 1 of this work book provides an overview of how to build the Business Process Analysis in full.*

*The Business Process Narrative captures the discussion and comments that are made when the “As Is” workflow is diagrammed and the desired “To Be” state is conceptualized. There is a great deal of valuable information shared in these settings that will be lost if it is not recorded. For this reason, there needs to always be someone in the analysis processes who is responsible for monitoring and recording these insights, ideas, and critical information, organizing them into critique (“As Is”) and vision (“To Be”).*

*By the way, to make this workbook useful as a template for your organization, instructional text is included using textboxes like this one. When you are ready, you can delete the textboxes and start with a clean template.*

# Business Process Analysis Workbook

## ***Part 1 (of 3) - Foundation*** ***Understanding the Business Process Analysis***

**"Building a Window into your  
Business Processes"**

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## Why look into your business processes?

- Efficiency, effectiveness and quality of care
- Impossible to know the “where” and the “how” until you know “what” you are doing now and “why” it is being done that way
- Unwise to start changing processes until you **understand them**





## How Behavioral Health Business Processes Evolve



- In response to system drivers
- In some degree of isolation from each other
- Over long periods of time and multiple staff turnovers

Most Behavioral Health Provider organizations are composed of multiple divisions and departments that may work well together where they intersect, but do not have a shared understanding of what anyone outside of their area does from day to day.

Since everyone is operating from a unique perspective and with incomplete information there are many opportunities for communication to breakdown.



How the customer explained it



How the project leader understood it



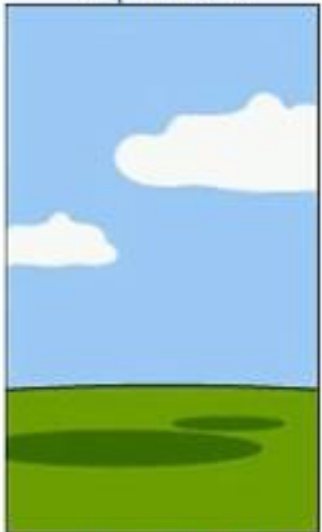
How the engineer designed it



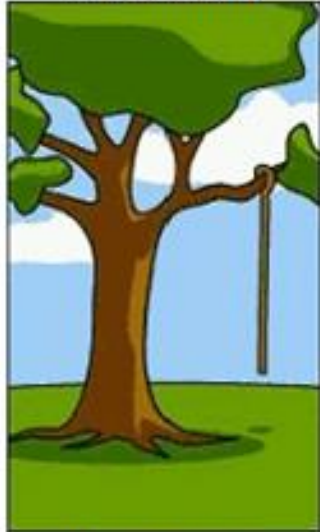
How the programmer wrote it



How the sales executive described it



How the project was documented



What operations installed



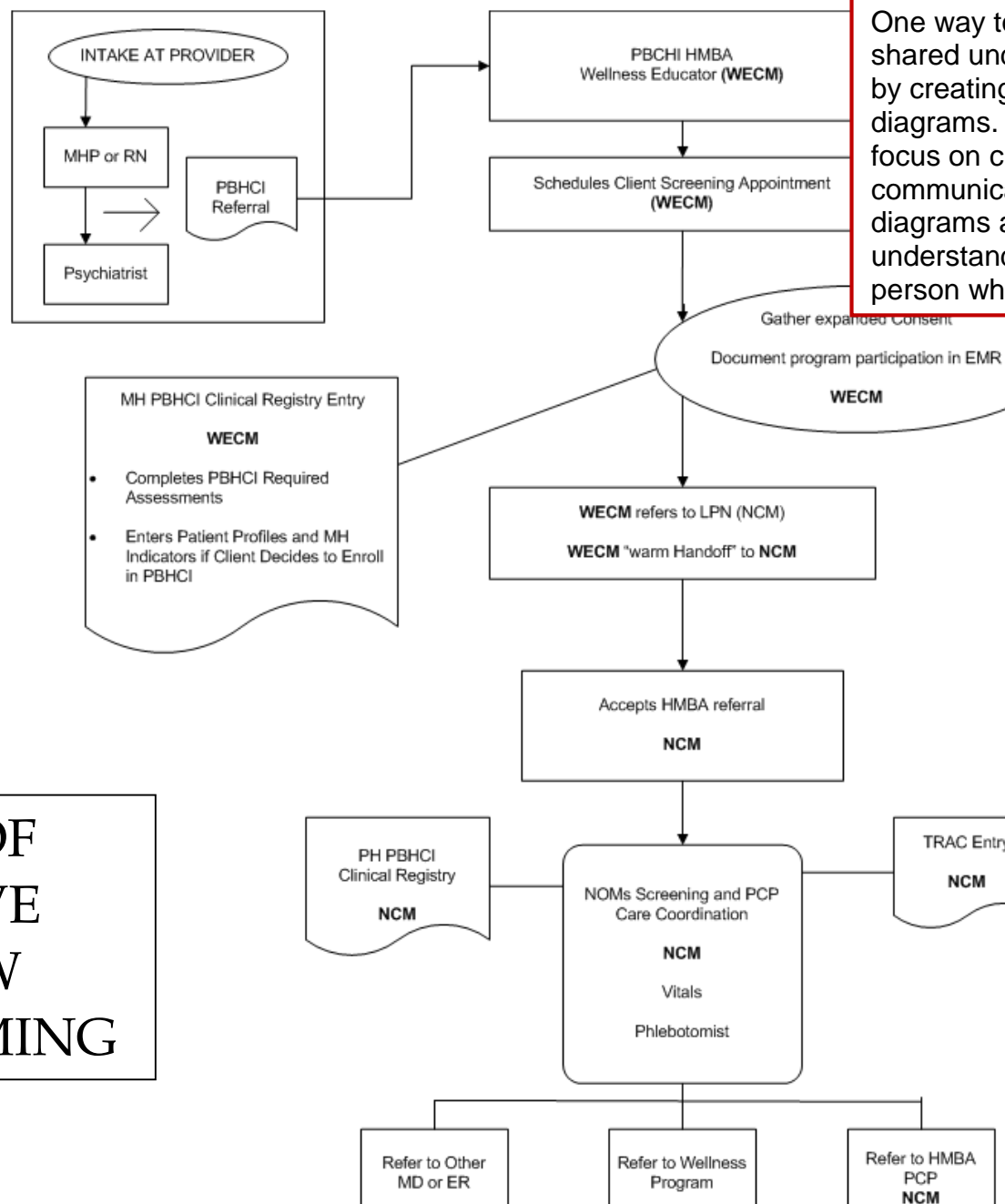
How the customer was billed



How the helpdesk supported it



What the customer really needed

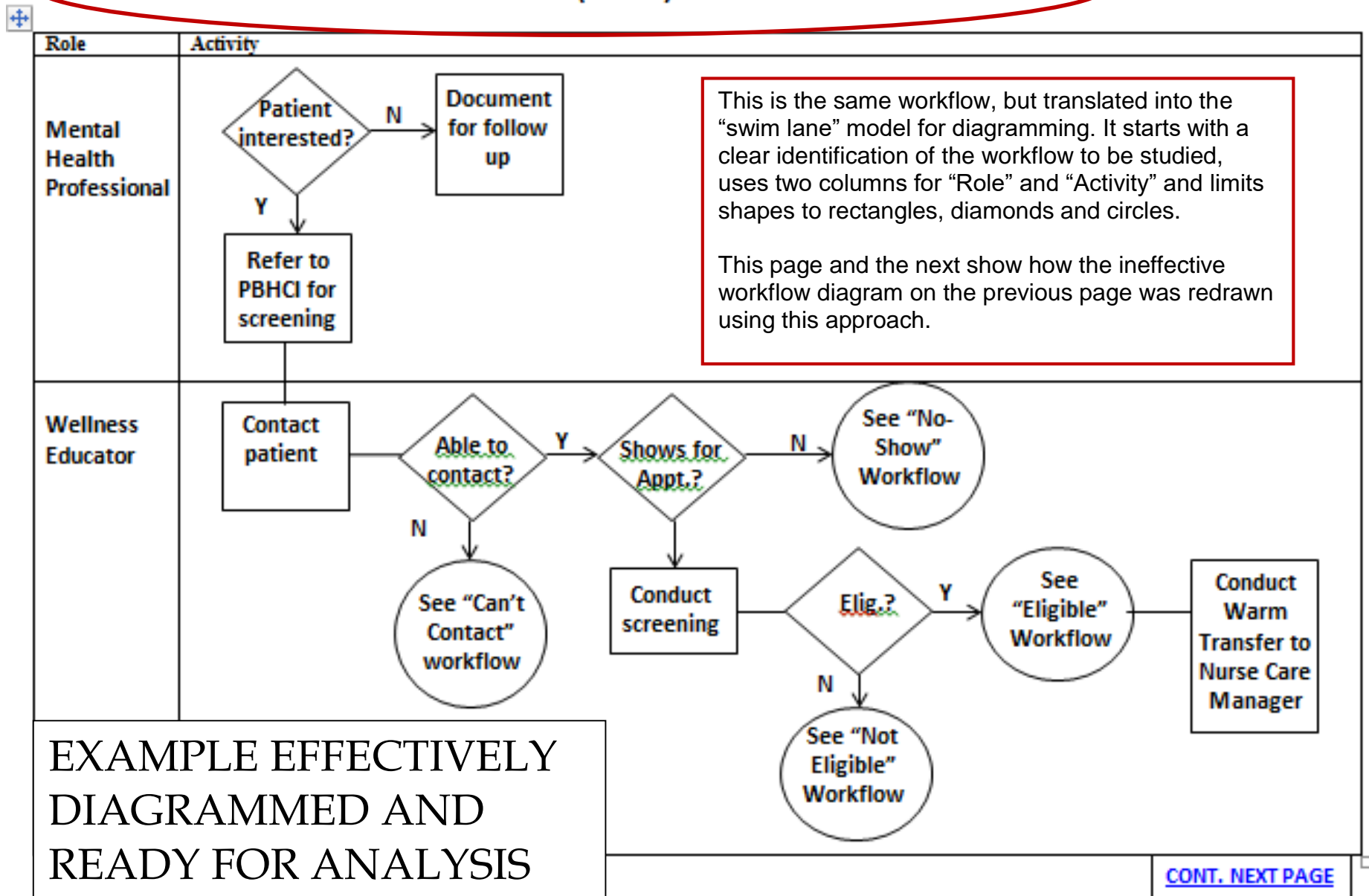


One way to increase shared understanding is by creating workflow diagrams. But without a focus on clear communication these diagrams are often only understandable by the person who did the work.

EXAMPLE OF  
INEFFECTIVE  
WORKFLOW  
DIAGRAMMING



## ADULT SERVICES > NEW REFERRAL TO PBHCI (HMBA) > SEES PRIMARY CARE PROVIDER



+ ADULT SERVICES > NEW REFERRAL TO PBHCI (HMBA) > SEES PRIMARY CARE PROVIDER	(CONTINUED)
Role	Activity
Nurse Care Manager	<div data-bbox="388 300 892 511"> <pre> graph TD     A{Accept Warm Transfer?} -- Y --&gt; B[Collect NOMs]     A -- N --&gt; C((See No Warm Transfer Workflow)) </pre> </div> <div data-bbox="1060 267 1843 511"> <p>Now it is very easy to see what roles are responsible for different activities. You can see on Page 9 that sometimes a decision point includes more than one possibility –this is represented as another decision point. There can be several decision points in a row, each with its own “Yes” and “No” arrow.</p> </div> <div data-bbox="409 576 1417 738"> <pre> graph LR     B[Collect NOMs] --&gt; D[Collect vitals]     D --&gt; E[Collect samples]     E --&gt; F((Refer to PCP WF)) </pre> </div>
Primary Care Provider for PBHCI Grant	<div data-bbox="388 803 1102 1063"> <p>Think of the two different types of diagrams as swimming pools. On page 8 it is as though everyone jumped into the pool and started doing their own thing. In the swim lane model, the staff is identified by Roles on the “platform” and the Activities they complete stay in their swim lane.</p> </div> <div data-bbox="1207 820 1690 1063"> <pre> graph LR     F((Refer to PCP WF)) --&gt; G{Patient Shows?}     G -- Y --&gt; H[Sees patient]     G -- N --&gt; I((No Show WF)) </pre> </div>
?????	<pre> graph LR     I((No Show WF)) </pre>

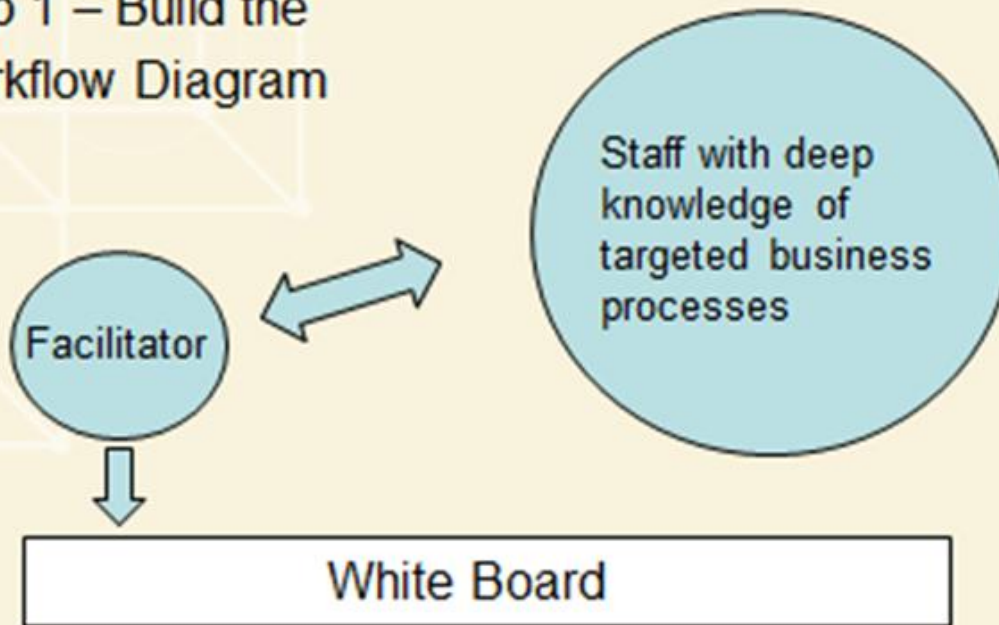
## **Formal Business Process Analysis Supports Clear, Precise, Accessible Communication**

- Step-by-step financial, clinical and practice management activities
- Promotes cross-discipline understanding of each step
- Connects multiple dimensions –billing, data collection and reporting, clinical services, practice management, etc.

There is an “opportunity cost” associated with creating these workflows and conducting the analysis – but there are many valuable outputs from the process that pay dividends over a relatively short period of time.

## How It's Created

### Step 1 – Build the Workflow Diagram



The best way to build the diagrams is to gather the individuals together who implement the workflows, and have them explain what they do to someone who is not so familiar with the process. This person acts as the facilitator, slowing down staff who rattle off their daily routine in rapid fire fashion. This ensures accuracy in the workflow represented in the diagram.

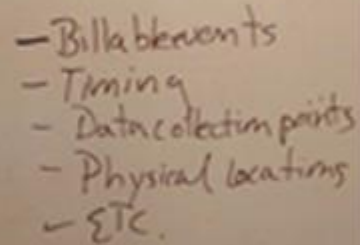
It can be difficult to persuade administration of the value of this effort – after staff acquires the skill, administration should sit in on at least one session to see what goes on and why it is so valuable.

## Workflow Diagram – “As Is” snapshot of current business practices

- a) Draw a swim lane flow chart and indicate the shapes
- b) Select a discrete workflow with specific conditions
- c) Identify all of the **ROLES** that are involved in the process
- d) Start identifying the discrete activities “What happens first...then what happens...then what happens next” (one activity per process box)
- e) Diagram on a white board as you proceed, matching the process to the professional **ROLE**

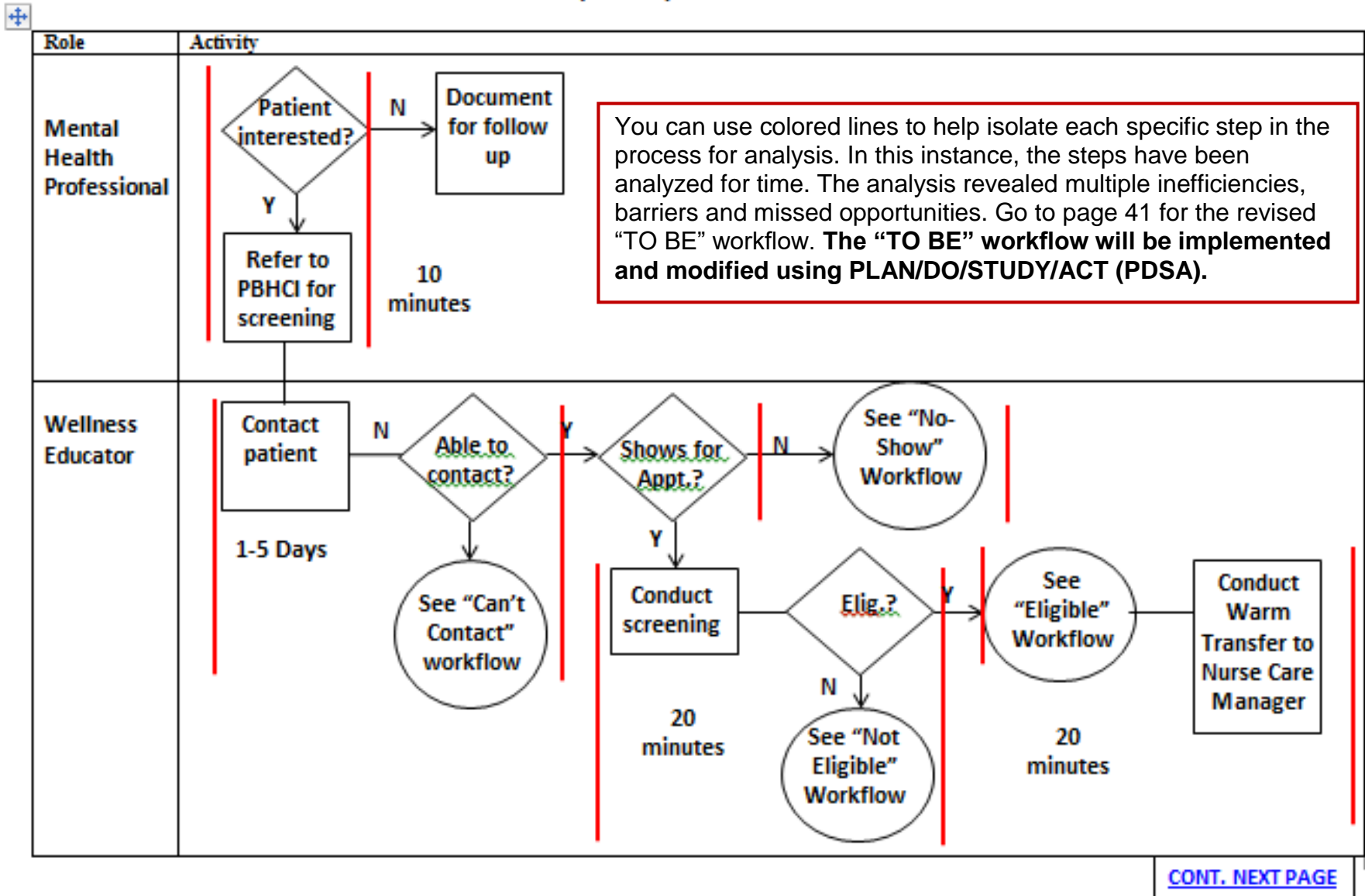
The swim lane workflow links the professional roles with their discrete activities. This allows for a very efficient analysis of tasks by credential and position description. For example, on page 10 we can clearly see that the Nurse is collecting and entering data. This is not an appropriate task for this role because they could be providing billable services instead, and also because the task can be completed by someone who costs less per hour and whose skills are a better match.





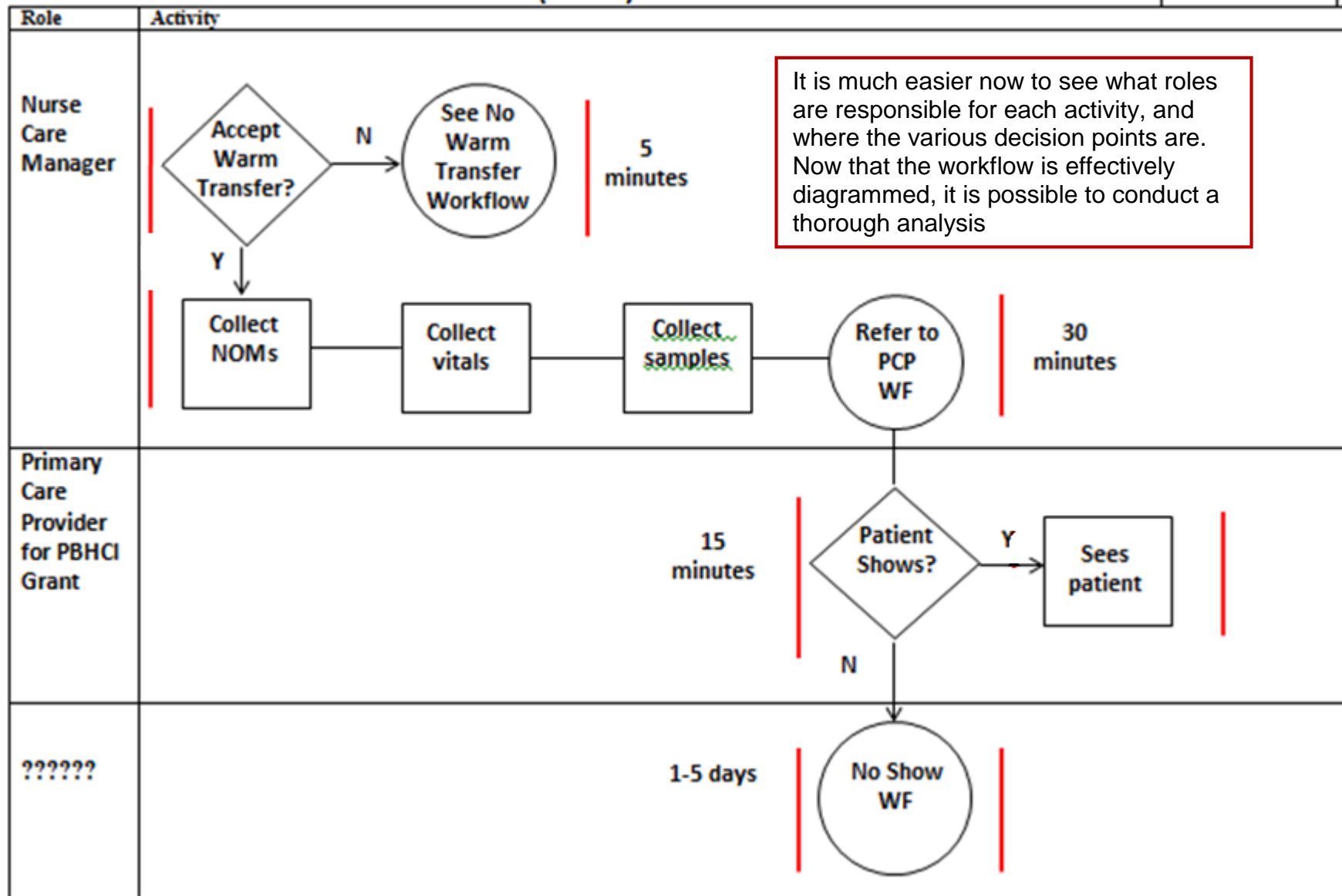
**Diagramming workflows is covered in detail in Part 2 of this Workbook.**

## ADULT SERVICES > NEW REFERRAL TO PBHCI (HMBA) > SEES PRIMARY CARE PROVIDER



# AULT SERVICES > NEW REFERRAL TO PBHCI (HMBA) > SEES PRIMARY CARE PROVIDER

(CONTINUED)



## EXAMPLE – Adult Services > New Patient > PBHCI (HMBA)

DEFINE HIGH LEVEL WORKFLOW (i.e., "Diagnostic Testing")				
#	ROLE	ACTIVITY	"As Is" Comments	"To Be" Process
				After analysis of the diagram, a "To Be" workflow is created and implemented using PDSA
PBHCI > Ordering Labs > Patient Fasted				
1	Mental Health Professional	Assess patient need and interest	Would benefit from better promotional materials	Develop materials available for MH professional to promote PBHCI
2	Mental Health Professional	Refers to Wellness Educator for screening	Unnecessary step. If MH professional knows requirements, can screen at that time	Recommend MH professional familiar with program and conducts screening.
3	Wellness Educator	Conducts screening	Referrals do not show up as expected, spending time on followup, cant contact. Can task be accomplished by MH professional at time of visit?	Get baseline for # of no shows, and time spent in follow up. Recommend MH professional conducts screening
4	Wellness Educator	Determines eligibility 1. Yes	Obtains consents and other documentation	1. Confirm consents are necessary. May not be under HIPAA. MH professional can obtain at time of determination.
5	Wellness Educator	Determines eligibility 2. No	See "Not Eligible" Workflow. How is referral loop being closed with MH professional?	2. The patient should not have to come into the clinic a second time only to be told not eligible. Counter-therapeutic.

The Business Process Narrative is covered in detail in Part 3. For right now, it is important to understand that, as the workflow is being analyzed, a great deal of valuable discussion goes on that has to be captured. There is identification of inefficiencies and barriers but also the generation of insights and ideas for improving the workflow. The vehicle for capturing this is the Business Process Narrative, composed as the workflows are actually diagrammed. The roles and individual activities are listed in the first two columns, the issues are identified in the third column labeled "As Is" and the ideas for improvement are identified in the last column labeled "To Be."

## Step 2 - Build the Business Process Analysis Document

- **Translate**
  - Build the step-by-step narrative
  - Include the roles
  - Identify associated forms/EHRS screens/Reports
  - Product is "Business Process (BP) Narrative"
- **Analyze**
  - For timing
  - Billing
  - Appropriate roles and role-related issues
  - Data collection points
  - Physical space

Since completing forms, submitting invoices for reimbursement and the need to populate reports and patient charts drive so many workflows, there is space in the business process narrative to identify all of the forms, reports and invoices that are associated with that particular process.

When the workflow is diagrammed, the analysis can begin. Resist the temptation to start analysis before the diagram is complete, and keep an eye



## Analysis Examples

- **Timing**

- How long are activities within the process taking?
- How much time passes between activities?
- How long are the patient contact intervals within Intake? Between Intake and Re-assessment?

- **Billing**

- What are the billable/non-billable events?
- Is there a way you can make non-billable events billable?
- How do these events match up to the appropriate license/credential of the role? Are you maximizing the amount of reimbursement?

- **Role License and Credentials**

- Where and how are you meeting credentialing requirements?
- Do they match the billable activities?

A single workflow can be analyzed several times for many different factors. For example, do the roles, credentials and activities match up? In the diagram on page 18 we can see that the Nurse (who is a Nurse Practitioner) is collecting and entering NOMs data and vital signs. In analyzing for billing, you would notice right away that data collection and entry (NOMs) is not a billable service and the NP's time and (billable) skills should not be wasted in this way.

## More Analysis Examples

- **Resources**
  - Are licensed/credentialed (and therefore expensive) staff answering the phone when they could be conducting billable services?
  - Are particularly responsible staff being over-utilized?
  - Are two roles being implemented by one staff?
  - What happens when critical staff go on vacation or take leave?
- **Data collection points**
  - For the PBHCI grant?
  - For Meaningful Use?
  - For other reporting requirements and quality improvement activities?
- **Physical locations**
  - Does the physical layout support the workflow?
  - Is one workflow being conducted over multiple locations? How does this impact the workflow?

## Reference the “As Is” Workflow Diagram to Create the “To Be” Blueprint

- **Create the New Narrative**
  - Translate the analysis comments into the narrative
  - Build a “To Be” workflow diagram
  - Create the new “To Be” business process narrative
  - This is your “blueprint” for making the changes

It is very important that the facilitator be allowed to effectively moderate the discussion. Otherwise, those involved will either quickly lose sight of the task and/or strong participants will dominate the analysis. In both cases, real information is lost and valuable time is wasted. Sometimes the facilitator must step in with a firm hand to stop “off task” discussion and return to the task at hand.

There must be decision-makers at the table who have the authority to make changes in workflows, but the staff implementing the workflow must feel free to talk about what they actually do without fear of consequences. Sometimes staff need to be drawn out to talk about workflows, but the effort is invariably worth it. They almost always have some of the best ideas for the “To Be” blueprint.



## **Sources for Input Mirror the Organizational Structure and Drivers for Change**

- Patient's perspective
- Organizational goals and objectives
- Line staff as well as leadership
- Documented policies and procedures (usually reflect licensing, certification, state and federal regulations)
- Forms and reports
- Billing practices and grant requirements

There are many sources for input into the analysis. Policies and procedures should be updated and available. Forms, reports and billing tools should be on hand for reference. Since workflows are very closely tied to billing processes, an authority on the nuts and bolts of finance should be included.

Workflows should not be designed to be optimal for staff – consult the organization's mission and values, then walk through the proposed "To Be" workflow from the patient's perspective. If you would hesitate to ask a close friend or loved one to navigate the workflow, it is probably built for the staff's convenience.

## What Next?

- Make list of workflows around each of these five high level processes (we all do the same things)
  - Screening
  - Intake
  - Assessment and Evaluation
  - Treatment
  - Discharge
- Start with HIGH LEVEL Workflows for each
- Use the forms (screens) that are completed during workflows as a guide to ensure everything is addressed
- Drill down into the high – level processes for discrete workflows

It can be hard to know where to start. The first few sessions should be kept as simple as possible, since the first task is to acquire the skill of workflow diagramming. You may even want to start with something not related to the organization, such as the process each individual goes through to do laundry or their routine when they return home from work. Once everyone is comfortable with the tools, the real work can begin, but the facilitator should stick to high level workflows at the beginning. You can return to any one of the activities and decision points in the diagram to drill down into what happens to obtain as much granularity as needed.



## What to Expect

### • Tips

- Be prepared for tedious work the first few rounds – staff get more skilled as you progress
- Ask questions as though you were going to step in and do the work yourself
- Be prepared with forms, organizational charts, updated policies and procedures
- Have an agenda and a time limit with processes outlined
- Don't change processes until you have a full picture
- Follow staff around to see if this is what they REALLY do
- Avoid talking about the "To Be" state until you have finished the "As Is" snapshot, or you will waste time

Some staff like doing workflows and quickly become very skilled at it. Take advantage of this and ensure they have lead roles in the development of the Business Process Analysis document. Keep bored staff engaged by asking questions.

The typical questions that are asked in the development of the diagram are "What happens **first**," then, "What happens **next**?" and throughout the process "Is that what **usually happens**?"

Often an activity that happens first (for example, answering the phone) may have several possible answers to "what happens next?" Start with the answer to the question that is most common or most frequent (what usually happens?) and diagram that. You will find that with small modifications this diagram can be used to illustrate all of the other possible answers to the question.



# Business Process Analysis Workbook

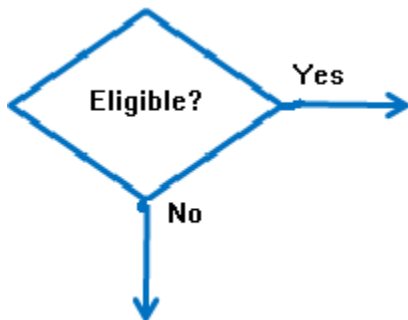
## ***Part 2 (of 3) – Diagramming Workflows*** ***Using the “Swimlane” Workflow Diagram to*** ***Communicate and Analyze Discrete Workflows***

## Why “Swimlane?”

Swimmer's platform	Swimming pool
Michael Phelps	The “swimmer” stays in their lane. Only the patient moves from one lane to the next.
Ryan Lochte	In the “ineffective workflow” example on page 8, no one has a lane. Roles are hard to identify, and everyone is in the pool at what seem to be random places and at the same point in time. Decision points are not identified and there are multiple lines drawn from the same shapes, and shapes are used that are subject to interpretation. It very difficult to even understand what is going on, let alone effectively analyze it.

### Tips for Diagramming Workflows

- Review the Part 1 Presentation
- Start by defining a high level workflow. The definition can be refined if necessary as you go.
- Create the Swimlane Diagram
- List the roles in the workflow.
- Remember just one line in and one line out of the rectangle and EHR activities, and the “See Other Workflow” circle.
- If you want to use more lines than that, you usually have a workflow within a workflow and need to use a circle, or else there is a Decision Point.
- Two arrows come out of the Decision Point labeled Yes and No. It usually looks like this:



- The arrows then point to the activities that would follow the decision

## DEFINE WORKFLOW

Role	Activity



Identifies a single activity in a series of activities. No more than one line going in. No more than one line coming



Lines are used to connect shapes to each other



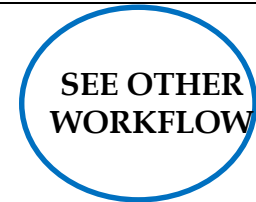
Identifies Decision Points in a series of Activities. Only shape that uses arrows! One arrow marked "Yes" and one arrow marked "No"



Arrows are used to connect the Decision Point with Activities



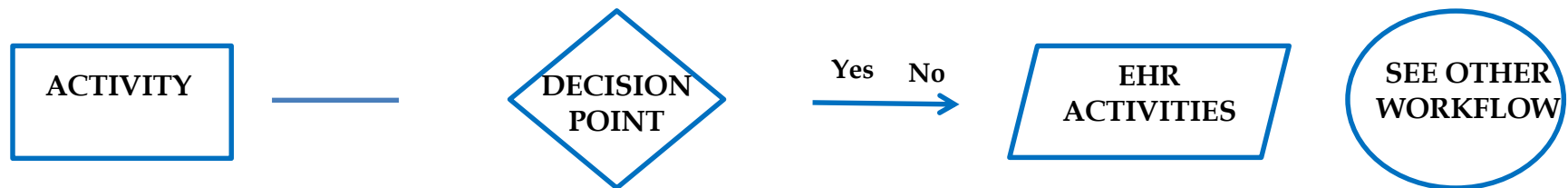
Activities completed by the role using the EHR (i.e., ePrescribing). Using this shape is optional.



Workflow embedded in a high level workflow (i.e., NOMs interview in example on page 10)

## WORKFLOW FOR PRACTICE

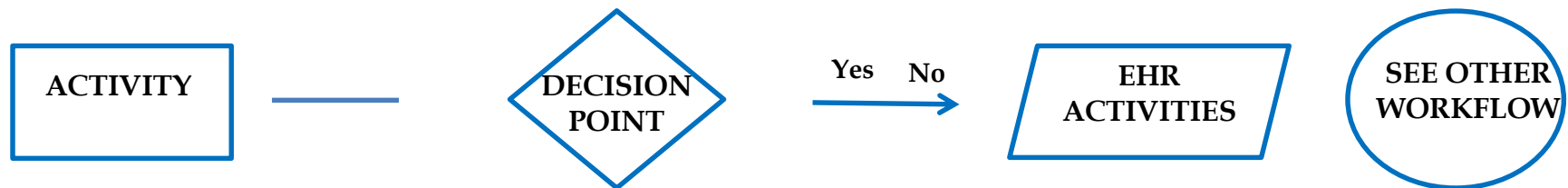
Role	Activity





## WORKFLOW FOR PRACTICE

Role	Activity



(For Practice)

Workflow:

Role	Activity

# Business Process Analysis Workbook

## ***Part 3 (of 3): Business Process Narrative*** ***Capturing the Analysis of the “As Is” State to Create the “To Be” Conditions***

# **EXAMPLE/TEMPLATE**

## **Business Process Analysis Document**

Organization name

Address

Address

Prepared by:

XXXX



## Table of Contents

<b>DOCUMENT TRACKING .....</b>	<b>34</b>
<b>POST-VALIDATION CHANGES.....</b>	<b>35</b>
<b>INTRODUCTION .....</b>	<b>36</b>
DESCRIBE PROJECT SCOPE AND TIME FRAME .....	36
BUSINESS ANALYSIS PROCESS PARTICIPANTS .....	36
ORGANIZATIONAL AND PROGRAM STRUCTURE.....	37
<b>BUSINESS PROCESS NARRATIVE .....</b>	<b>38</b>
DEFINE HIGH LEVEL WORKFLOW .....	38
Example: Adult Services > New Patient > PBHCI (HMBA) .....	38
REFINE THE HIGH LEVEL WORKFLOW .....	38
EXAMPLE: PBHCI > Ordering Labs > Patient Fasted .....	38
LIST THE FORMS (OR SCREENS) AND REPORTS THAT DRIVE THE PROCESS .....	40
Form Name.....	40
Report Name .....	40
BUILD DIAGRAM OF “TO BE” WORKFLOW TO INCLUDE WITH ANALYSIS .....	41
ADULT SERVICES > NEW REFERRAL TO PBHCI(HMBA) > SEES PRIMARY CARE PROVIDER “TO BE WORKFLOW” .....	41
<b>TEMPLATE for BUSINESS NARRATIVE TABLE</b> .....	43
<b>TEMPLATE SWIMLANE AND SHAPES for WORKFLOW</b> .....	44

- This document is formatted for maximum utility using features that come with MS Word.***  
*Copy and paste the templates for each new workflow, updating the table headings as you go. As long as you are using a copy of the template tables, the title in the new pasted table will appear in the Table of Contents whenever you update it.*
- To update, just click anywhere in the table, then select the Tab that appears on the top for “Update Table.”*
  - You can also use the Table of Contents to quickly access any place in the document. To go to a section represented in the Table of Contents, just hold down the Control Tab and right click the title with the mouse.*

## Document Tracking

Revisions	Date	Changes
○ Author/Editor		
Initial Draft	3/23/2012	First draft of all “Managing Patient Contacts” Business Process Analysis
○ Jane Doe		
Revision 1	4/2/2012	Additional comments were included after clinical staff and medical staff analysis
○ John Smith, Clinical Director		
○ Mary Black, Medical Director		
Revision 2	4/9/2012	Inserted comments re: improving billing revenue
○ Jim Dean, Financial Director		
Revision 3	4/15/2012	Approved final “As Is” Analysis
○ Chris White Executive Director		

*This document tracking table is used to track the review and approval of various sections of the document. The analysis usually goes through one or two iterations. Making certain that the right people are at the table when you diagram workflows can greatly reduce the amount of time spent on this document tracking task.*

*Here’s a tip: it’s a good idea to get through the Business Process Analysis quickly. Requirements change, and people leave their positions. A new manager may decide they want to discard the work, or start all over again. So plan to complete the work in 6-8 weeks, or at least implement To Be workflows as they are validated using PDSA.*

## Post-Validation Changes

Date	Changes	
4/20/2012	Change made to documentation of patient warm transfer to Care Coordinator	Approved by XXXXX

*Organizations are dynamic and the analysis is a static snapshot of what the organization does on a daily basis. There are almost always some changes that have to be made after the business analysis has been validated. If the analysis is completed in a short period of time (maximum two months) these post-validation changes will be a short list.*

*Often, changes to the business process are anticipated for the near future and staff want to try to include those changes in the “To Be” workflow. Frequently, though, it turns out that these changes are only partially implemented, they are modified, or they are not implemented at all. So stick with analyzing and modifying what you are actually doing now, with the intent of making alterations to the “To Be” workflow when the change itself is actually implemented. The change will be easier and more efficiently implemented.*

# Introduction

## Describe Project Scope and Time Frame

*If you are implementing a project from the contract and statement of work, what is the project scope (what the contract says will be the product of the effort) and the time frame? Scope and time, along with cost, are the three most important ingredients to project success. Changing one usually impacts the other two, so any changes should be very carefully considered to avoid “scope creep,” missed deadlines / deliverables, and cost overruns. If it is not a project, describe the scope of work for the department or division you are examining.*

## Business Analysis Process Participants

*Who participated in the business analysis and requirements definition process? Always ensure that the necessary people are at the table in this process. Staff with institutional memory are particularly valuable, since they often have insight into why business is conducted in a certain way. Here’s a tip: individuals often forget about discussions and decisions that were made at various meetings, Documenting their participation ensures a quicker and more efficient validation of the workflow.*

Name(s)	Date(s)	Processes

## Organizational and Program Structure

*The division or department that is being examined has an organizational structure that reflect areas of responsibility and lines of reporting. In behavioral health organizations, this is often a bit murky. It is vitally important to have an organizational chart and to populate this list of what areas of the agency are included in the analysis so that a frame of reference for the development of the Business Process Analysis document is always available. Here's a tip: one of the applications of this finished document can be to support agency re-organization.*

Division (i.e., Mental Health Services and name of Division Director)	Programs
Name of program manager	Name of program



## Business Process Narrative

Here is the business process narrative that reflects the workflow we have been diagramming. The “To Be” workflow diagram should accompany the narrative. The collection of workflows and diagrams comprises the Business Process Analysis.

### DEFINE HIGH LEVEL WORKFLOW

*Example: Adult Services > New Patient > PBHCI (HMBA)*

#	ROLE	ACTIVITY	“As Is” Comments	“To Be” Process
<b>REFINE THE HIGH LEVEL WORKFLOW</b>				<b>During the analysis of the diagram, at least the beginning of the “To Be” workflow can be created.</b>
<b>EXAMPLE: PBHCI &gt; Ordering Labs &gt; Patient Fasted</b>				
1	Mental Health Professional	Assess patient need and interest	Would benefit from better promotional materials	Develop materials available for MH professional to promote PBHCI
2	Mental Health Professional	Refers to Wellness Educator for screening	Unnecessary step. If MH professional knows requirements, can screen at that time	Recommend MH professional familiar with program and conducts screening.
3	Wellness Educator	Conducts screening	Referrals do not show up as expected, spending time on follow up, cant contact. Can task be accomplished by MH professional at time of visit?	Get baseline for # of no shows, and time spent in follow up. Recommend MH professional conducts screening
4	Wellness Educator	Determines eligibility 1. Yes	Obtains consents and other documentation	1. Confirm consents are necessary. May not be under HIPAA. MH professional can obtain at time of determination.
5	Wellness Educator	Determines eligibility 2. No	See “Not Eligible” Workflow. How is referral loop being closed with MH professional?	2. The patient should not have to come into the clinic a second time only to be told not eligible. Counter-therapeutic.

## DEFINE HIGH LEVEL WORKFLOW

*Example: Adult Services > New Patient > PBHCI (HMBA)*

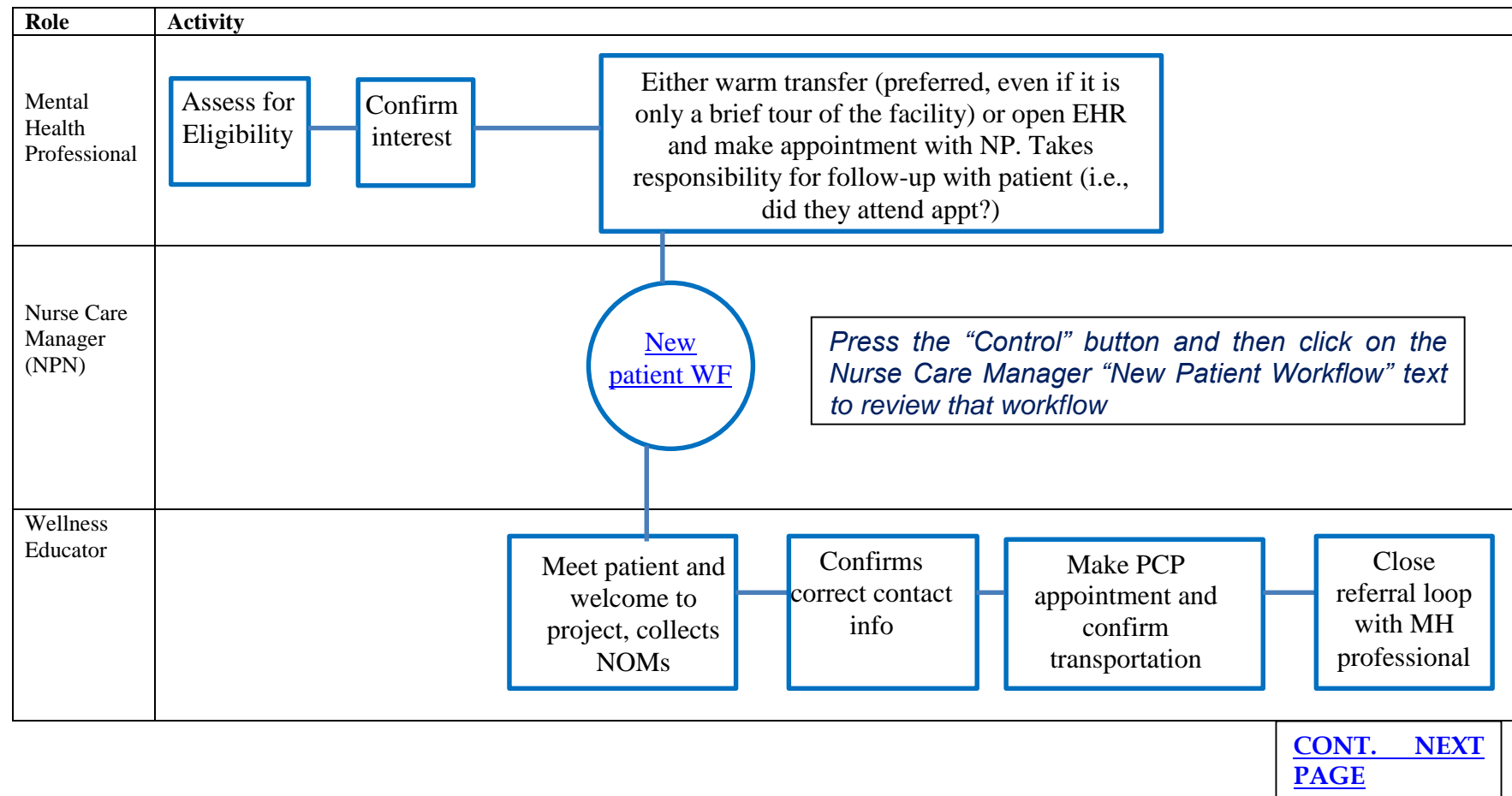
#	ROLE	ACTIVITY	“As Is” Comments	“To Be” Process
6	Wellness Educator	Sees if nurse care manager is available 1. Yes	Warm hand off. Nurse Care Manager. How often does this happen? Is there any reason that the MH Professional can't make handoff? If yes, any reason they can't make appointment for patient for primary care?	Get baseline data on availability of nurse care manager. Free up valuable Nurse time (nurse is actually a nurse practitioner) to see more patients by removing responsibilities that can be conducted by less expensive staff. Eliminate barrier of Wellness Educator.
7	Wellness Educator	Sees if nurse care manager is available 1. No	When not available, makes appointment, usually a week out since nurse office hours are only Mon. and Wed. Not sure how many patients are lost in this interval.	Get baseline for no shows for Nurse Care Manager Appointment. Maintain focus on maximizing the services of nurse practitioner to see more patients
8	Nurse Care Manager	Collects NOMs	Nurse practitioner is also entering NOMs data into TRAC. Tasks do NOT match credential and licensing, are impacting availability to patient.	Reassign Tasks
9	Nurse Care Manager	Collects vitals	Nurses office and room where vital signs are collected two different spaces. Handwrites data then enters into EHR	Consolidate space.
10	Nurse Care Manager	Collect samples	Poor physical space, does not support this workflow. Blood glucose not fasting sample.	Revise space to better support workflow. Use HgA1c test for glucose.

DEFINE HIGH LEVEL WORKFLOW				
<i>Example: Adult Services &gt; New Patient &gt; PBHCI (HMBA)</i>				
#	ROLE	ACTIVITY	“As Is” Comments	“To Be” Process
11	Nurse Care Manager	Makes appointment for patient to see PCP	Appointments are at least one week out. Some patients do not show. Spending time on calling and tracking down patients. 2 different locations.	Reassign task of making PCP appointment and free up time. Get baseline of patient no shows. Pilot Peer Support Specialists participation in helping patients make appts.
LIST THE FORMS (OR SCREENS) AND REPORTS THAT DRIVE THE PROCESS				
	Form Name	Where the form appears in the workflow (Line #)		
	Report Name	What data is collected in this workflow for the report?		

*Notice that the table heading reappears at the top each time the table breaks to a next page. To change a heading, you must always go to the top of the table, where it was originally entered, and edit it there. Your edits will repeat in the heading row throughout the individual table. When you update the Table of Contents, the edits will be reflected there.*

## BUILD DIAGRAM OF “TO BE” WORKFLOW TO INCLUDE WITH ANALYSIS

### ADULT SERVICES > NEW REFERRAL TO PBHCI (HMBA) > SEES PRIMARY CARE PROVIDER “TO BE WORKFLOW”



**ADULT SERVICES > NEW REFERRAL TO PBHCI(HMBA) > SEES PRIMARY CARE PROVIDER “TO BE WORKFLOW”**

Role	Activity
Peer support Specialist	<div>Connects and introduces self, confirms still interested and able to make appointment, offers support</div> <div>Either Wellness Educator or Peer Support Specialist connect with patient post-appointment to confirm next steps and additional support needed</div>
Primary Care Provider	<div>Sees patient</div> <div><i>The “TO BE” Workflow will be implemented and modified as necessary using PLAN/DO/STUDY/ACT (PDSA)</i></div>

**Compare this “TO BE” workflow to the analysis of the “AS IS” workflow diagram (page 17), and the comments captured during the “AS IS” workflow analysis process in the Business Process Narrative (page 38).**

**Then answer the following questions:**

- Does the proposed new workflow remove barriers, correct inefficiencies and better leverage opportunities? How?
- Does it address the comments in the business process narrative? Identify three comments that are addressed:
- Is it more respectful of the patient? Does it support their involvement? In what ways?
- Does it better support mental health professional involvement? How?



*You can use the template table below to capture the narrative for additional workflows. Just copy the template table, paste it to the document, and fill it in. As soon as you update the table of contents you will see the table listed there. Add rows to the table as needed.*

<b>TEMPLATE for BUSINESS NARRATIVE TABLE</b> (Make a copy of this to work in so you always have a blank table)				
#	ROLE	ACTIVITY	“As Is” Comments	“To Be” Workflow
<b>REFINE WORKFLOW</b>				
<b>LIST THE FORMS (OR SCREENS) AND REPORTS THAT DRIVE THE PROCESS</b>				
	<b>Form Name</b>	<b>Where the form appears in the workflow (Line #)</b>		
	<b>Report Name</b>	<b>What data is collected in this workflow for the report?</b>		

## TEMPLATE SWIMLANE AND SHAPES for WORKFLOW

(Make a copy of this to work in so you always have a blank swimlane – copy and paste shapes as needed)

Role	Activity
	<div> <p><i>If you clicked on “NPN New Patient Workflow” in the previous diagram, it would bring you here to this table – this illustrates the idea that you can internally link “See (name of) Workflow” to that particular workflow in the doc.</i></p> </div>

